A190000000065

(Re	equestor's Name)			
(Ac	ddress)			
(Ad	ddress)			
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COVER LETTER

TO:	Registration Section Division of Corporations				
	•	D PARTNERSHIP			
SUB.	JECT: HIGHLAND LAKES (US) LIMITI Name of Limited Partnershi	n or Limited Liabilit	v Limited Partnership		
		p or cantica clausic	v isimica i araicismp		
DOC	UMENT NUMBER: A19000000065				
	nclosed Statement of Change of Regi are submitted for filing.	stered Office and	or Registered Agent and		
Pleas	e return all correspondence concernin	g this matter to:			
KEVI	N B. LOGUE				
	Contact Person				
EQUI	TY INVESTMENT SERVICES, LLC				
	Firm/Company				
7575 !	DR. PHILLIPS BLVD., SUITE 390				
	Address				
ORL/	ANDO, FLORIDA 32819				
	City, State and Zip Code				
	ORIGUEZ@EISRE.COM				
F	-mail address: (to be used for future annual	report notification)			
For fo	urther information concerning this ma	atter, please call:			
KEVI	N.B. LOGUE	at (40)7	573-0711 d Daytime Telephone Number		
	Name of Contact Person	Area Code an	d Daytime Telephone Number		
Enclo	osed is a \$35,00 check made payable to	to the Florida Dep	partment of State.		
	ing Address:		Address:		
	stration Section		Registration Section		
	ion of Corporations		Division of Corporations The Centre of Tallahassee		
	Box 6327 hassee, FL 32314		2415 N. Monroe Street, Suite 810		
rana	11922cc, LT 27314	2712 14, Wombe Street, State 610			

Tallahassee, FL 32303

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

change its registered	d office or registered agent, or	both, in the state of Florida.		
HIGHLAN	ND LAKES (US)	LIMITED PARTNER	SHIP	
Na	ime of Limited Partnership or Li	mited Liability Limited Partnership		
2. 01/29/2019 Date of filing/registration in Florida		_{3.} A1900000065		
		Florida document number		
4. The name of the re Department of State:	egistered agent and the registered	office address as shown on the records	s of the Florida	
	CHESTNUT BUSINI	ESS SERVICES, LLC		
	Na	me		
	333 3RD AVENUE	NORTH, SUITE 200		
	Add	ress	٦. ٠	
	ST. PETERSBU	RG, FL 33701	=	
	City, Stat	e and Zip	_	
5. The name and Flo	rida street address of the new reg	sistered agent and/or office:	.1	
	KEVIN B. LOGUE, EQUITY II	NVESTMENT SERVICES, LLC	- ;	
	No	me	,	
	7575 DR. PHILLIPS	BLVD., SUITE 390	•	
	Florida street address (I	P.O. Box not acceptable)	•	
	ORLANDO	_{FL} 32819		
	City, Star	e and Zip		
6 Such change(s) is	preference when thed by the F	lorida Department of State.		
Signature of General	Partner			
I hereby accept the a	ppointment as pegistered agent a	nd agree to act in this capacity. I furth	ter agree to	
comply with the prov	isions of all statutes relative to to	he proper and complete performance o	f my chities.	
and I am familiar wit	th an accept the obligations of m	position as registerea agent.		
_ /chc	3_4			
Signature of Register	red Agent /			

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50